



**THE
HIV TREATMENT AND CARE
PLANNING COMMITTEE
AND
HIV PREVENTION COMMUNITY
PLANNING COMMITTEE
ARE LOOKING FOR VOLUNTEERS**

Dedicated volunteers are needed to develop a Comprehensive HIV Prevention/Treatment and Care Plan for Utah. We need representatives from all backgrounds concerned about preventing HIV and who care about improving the quality of life and services for individuals and their families who have HIV/AIDS. There will be a monthly time commitment of approximately six to eight hours, including the small task groups.

If you want to nominate someone or volunteer yourself, please contact Rachel Reynolds or Lynn Meinor at (801) 538-6096 for a nomination form and criteria.

Nominations are due by September 30, 2002.

TREATMENT AND CARE PLANNING COMMITTEE CRITERIA FOR MEMBERSHIP

Membership shall represent the diversity of those affected by the HIV epidemic. Membership shall include 31 members from a broad representation including but not limited to the following:

CONSUMERS – 32% (10 members)

HIV+ gay male
HIV+ ethnic
HIV+ prior substance abuse
HIV+ female/male
HIV+ youth
HIV+ AIDS Drug Assistance, Health Insurance, Home Health Program users

SERVICE PROVIDERS – 32% (10 members)

Vision
Medical
Dental
Substance Abuse
Mental Health
Home Health Care
Nutrition
Case Management
AIDS Service Organization
Legal
Housing

GOVERNMENT AGENCIES – 13% (4 members)

Title II Grantee *
Title III Grantee *
Title V Grantee
Medicaid *

* There must be one representative from these categories.

ADVOCATES/OTHER INTERESTED PARTIES – 23% (7 members)

Religious
Maternal and Child Health
Local Health District/Department
Business
Prison/Jail
Legislative Policy Maker
Gay/Lesbian Organization
Special Population
Ethnic Representative
Rural Representation
Family of People living with HIV/AIDS

Rural representation shall comprise 10% to 15% of the overall representation.

Members will be selected according to the following:

- Based on the above categories;
- Able to work with group processes (group decision making, group discussion, wise usage of group time, etc.);
- Able to commit time to the process (six to eight hours monthly).

Nomination forms are due by September 30, 2002.

HIV PREVENTION COMMUNITY PLANNING COMMITTEE CRITERIA FOR MEMBERSHIP

CDC recommends that members of HIV Prevention Planning Groups reflect the characteristics of the epidemic in the state. This means that for Utah, the planning committee should be composed of individuals who represent: men who have sex with men (MSM), injecting drug users (IDU), women at risk, ethnic populations (particularly Hispanic and African American) and youth. This representation can come from individuals in those categories, or from organizations, which serve the populations listed. CDC also recommends that individuals with experience in social and behavioral sciences and/or experience in program planning and evaluation are essential for effective committee representation.

Community Planning is an ongoing process in which state/local health departments share responsibility for developing a comprehensive HIV prevention plan with other governmental and nongovernmental agencies, and representatives of communities and populations at risk for HIV infection. Key characteristics of a successful committee include representation of all stakeholders; a collective attitude that values diversity; and shared learning, input, responsibility, and decision-making.

Criteria for membership on the committee include:

- The ability to represent or be an advocate for the perspective(s) the member is selected to represent (e.g. MSM, IDU, youth, local health department, behavioral science, community based organization, or someone impacted by HIV/AIDS);
- The willingness to participate fully, by attending every meeting or sending a proxy. **Please note: Attendance is absolutely critical;**
- The ability to provide constructive and respectful feedback in the planning process;
- The ability to keep key people in the member's respective organization or community informed about the planning group and its efforts;
- The ability to work within small task groups and honor group processes such as consensus, decision-making, etc.;
- The ability to show sensitivity to cultural and social diversity.

Nomination forms are due by September 30, 2002.

**HIV TREATMENT AND CARE PLANNING COMMITTEE and
HIV PREVENTION COMMUNITY PLANNING COMMITTEE
- NOMINATION FORM 2003 -**

Please check only one:

☐ Treatment and Care Committee ☐ Community Planning Committee ☐ Either

Please fill in nominee's name and pertinent information below:

NAME: _____

ORGANIZATION: _____

ADDRESS: _____ PHONE: _____

(please include city & zip code)

E-MAIL: _____ FAX: _____

Please check only one:

☐ Provider ☐ Consumer ☐ Government Agency ☐ Advocate/Other Interested Party

Please discuss with nominee and list the following information:

(a) Community affiliation:

(b) Paid or voluntary work experiences/knowledge of HIV/AIDS:

(c) Experience with group processes:

(d) Sensitivity to cultural and social diversity:

(e) Any other information that would assist in determining whether this person meets the established criteria for membership on this committee:

Are you representing rural Utah? ☐ Yes ☐ No

Please stress to nominee that attendance is absolutely critical.

*** NOMINATION FORMS ARE DUE BY SEPTEMBER 30, 2002 ***

PLEASE MAIL, PHONE OR FAX YOUR REPLY TO:

RACHEL REYNOLDS

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MAIL: Utah Department of Health

Bureau of Communicable Disease Control

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